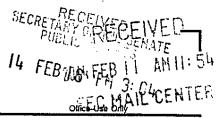
## 14020152292

## STATEMENT OF



FORM 1		ORGANIZA	GANIZATION		OFFICE SE MAIL 4CENTER	
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	general entergraphics B	
Allen Wel	for Sen	ate,	<u> </u>		1 +	
1						
ADDRESS (number a			teo Blyd NE			
(Check if ac is changed)	idress L	ite C4 Juquerque		NM	87109	
· ·		c	ITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	ide	se provide only one e-r bbiel@got	<sup>nail address)</sup> Spaceusa,com	<u>) , , , , , , , , , , , , , , , , , , ,</u>		
is change		<u> </u>	<u> </u>	<u> </u>		
(Check if a is changed	address	<sup>∪RL)</sup> W.AllenWe	eh,com			
	ATION NUMBER	C.00	555573			
4. IS THIS STATEM	ENT NEV	V (N) OR	AMENDED (A)			
I certify that I have ex	camined this Staten	nent and to the best o	f my knowledge and belief it	is true, correct	and complete.	
Type or Print Name o	Treasurer Re	ebecca Sa	nchez	Variation and the second secon		
Signature of Treasurer	Kehe	rca S	inches	Date 02'	′ <b>06</b> ′ <b>2014</b> ′	
NOTE: Submission of ta			ay subject the person signing the SHOULD BE REPORTED WI		he penalties of 2 U.S.C. §437g.	
Office Use Only			For further information to Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	